



CENTRE FOR POSTGRADUATE STUDIES
SUPERVISOR REGISTRATION FORM

SUPERVISOR'S PERSONAL PARTICULARS

Name	:		
Academic Qualification	:		
Designation	:		
Staff ID number	:		
IC / passport number	:		
Contact No.	:	Office/ Extn:	H/P:
Email-ID	:		
Unit/ Faculty	:		
Date of Joining AIMST	:		
Postgraduate supervision - Masters	:	Current:	Completed:
Postgraduate supervision - PhD	:	Current:	Completed:
Research Experience	:		
Research Area Specialization (Please specify your field of research expertise)	:		
No. of paper publication	:		
Awards/ Recognition, if any	:		
No. of grants received	:		
Signature	:		Date:
<i>Please attach the latest CV in the format prescribed</i>			

RECOMMENDATION BY THE FACULTY

	Remarks, If any	Signature
Unit Head :		
Faculty PG Coordinator :		
Dean of the Faculty :		

ENDORSEMENT BY THE DIRECTOR, CPS

I hereby approve / do not approve the registration with effective from _____.

Remarks (if any)

Name & Signature :

Official Stamp :

Date :